

PARENT PERCEPTIONS OF SERVICES AT COMMUNITY SERVICE BOARDS

**Outpatient Mental Health Services Provided to Children and Adolescents
Youth Services Survey for Families Results
FY 2007**



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TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
BACKGROUND	1
DEMOGRAPHIC FINDINGS	1
PERFORMANCE INDICATOR FINDINGS.....	2
HOW HAVE CAREGIVER PERCEPTIONS OF CARE CHANGED OVER TIME?	2
LIMITATIONS	4
INTRODUCTION.....	5
PURPOSE OF THE SURVEY	5
METHODOLOGY.....	5
MEASURE	5
ADMINISTRATION OF THE SURVEY	6
STATEWIDE SURVEY RESPONSES	8
DESCRIPTION OF SAMPLE	8
MEDICATION	10
DESCRIPTIONS OF YOUTH FUNCTIONING.....	10
<i>Placements in the Last Six Months.....</i>	<i>10</i>
<i>Current Living Situation.....</i>	<i>11</i>
<i>Community Indicators of Functioning</i>	<i>11</i>
REPRESENTATIVENESS OF THE SURVEY RESPONDENTS TO THE POPULATION.....	11
CAREGIVER PERCEPTIONS OF SERVICES	12
COMPARISON TO PREVIOUS SURVEY ADMINISTRATIONS	14
DIFFERENCES BETWEEN GROUPS	16
CSB LEVEL CAREGIVER PERCEPTIONS OF SERVICES	18
CONCLUSION.....	26
APPENDIX A	28
YOUTH SERVICES SURVEY FOR FAMILIES (YSS-F).....	28
APPENDIX B.....	30
APPENDIX C	31
APPENDIX D	32

TABLE OF FIGURES

Figure 1: Overall Response Rate by CSB	7
Figure 2: Sample by Respondent Type	8
Figure 3: Sample by Gender.....	8
Figure 4: Sample by Race	9
Figure 5: Sample by Age Group	9
Figure 6: Sample by Insurance Type.....	9
Figure 7: Sample by Length of Time in Services.....	10
Figure 8: Percent of Youth Residing in Setting During Six Months Prior to Survey	11
Figure 9: Comparison of Virginia & National Survey Results by Domain	12
Figure 10: Caregiver Perceptions by Length of Time in Services	16
Figure 11: Caregiver Perceptions of Care by Time of Survey for Youth in Services.....	17
Figure 12: Caregiver Perceptions of Care by Time of Survey for Youth Not in Services.....	17
Figure 13: Percent of Youth in Services at Time of Survey by CSB	19
Figure 14: Caregiver Perception of Services by CSB - Satisfaction Domain.....	20
Figure 15: Caregiver Perception of Services by CSB - Access Domain	21
Figure 16: Caregiver Perceptions of Services by CSB – Caregiver Participation Domain	22
Figure 17: Caregiver Perception of Services by CSB – Cultural Sensitivity Domain	23
Figure 18: Caregiver Perceptions of Services by CSB – Outcome Domain	24
Figure 19: Caregiver Perceptions of Services by CSB – Social Connectedness Domain.....	24

EXECUTIVE SUMMARY

Background

The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) has identified caregiver¹ perceptions of Community Services Board's (CSBs) services provided to children and adolescents as a performance measure to be assessed on an annual basis. Caregiver's perceptions are monitored in five areas that have been identified as important indicators of the quality of services and are used for national reporting of the public mental health service system's performance.

The domains used to evaluate children's mental health services include:

- Access - defined as the percentage of caregivers who reported good access to CSB services.
- Cultural sensitivity – defined as the percentage of caregivers who perceive CSB service providers to be respectful and sensitive to their differences.
- Family participation in treatment – defined as the percentage of caregivers who reported participation in their child's treatment.
- Satisfaction with services - defined as the percentage of caregivers who reported general satisfaction with CSB services.
- Outcome - defined as the percentage of caregivers who reported positive change in their child as a result of the services they received through the CSB.
- Social Connectedness – defined as the percentage of caregivers who reported increased social connectedness as a result of their child's services.

Caregiver perceptions of services are assessed using the Youth Services Survey for Families (YSSF), a measure developed for the federal Mental Health Statistics Improvement Program's (MHSIP) *Consumer-Oriented Mental Health Report Card*. DMHMRSAS administered its sixth annual statewide survey to a randomly selected sample of caregivers of children and adolescents who received at least one non-emergency outpatient service during the fiscal year 2006. A mail survey methodology was used to ensure that the results were representative of all youth receiving services during the fiscal year. This report summarizes the survey findings and compares those findings to previous Virginia DMHMRSAS administrations of the survey and to national benchmarks.

It is important to note that this report only reflects perceptions of caregivers who were able to obtain mental health services. There continues to be a significant number of families in the Commonwealth who remain on waiting lists for services. Therefore, the results reported here cannot address the question of whether there is an adequate amount of services provided; they can only speak to the quality of services that are provided.

Demographic Findings

All 40 CSBs contributed survey respondents to the final sample of 1449 caregivers. This number represents a 22.9% return rate and is of sufficient size to have a high degree of confidence that the

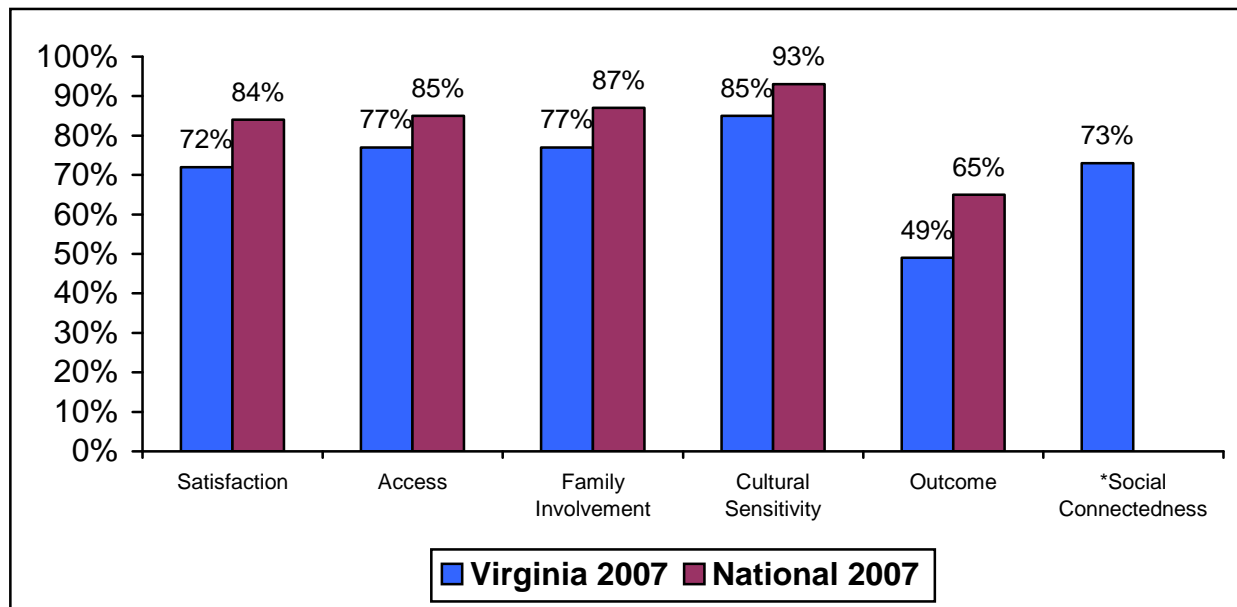
¹ While the majority of respondents were parents of the child receiving services, grandparents or others serving as the child's primary caregiver completed many surveys. The term "caregiver" will be used throughout this report to refer to any person serving as the child's primary caregiver.

results are representative of those that would be obtained if all caregivers statewide had been surveyed. The majority (90%) of the respondents identified themselves as a parent or other family member. They described their children as follows:

- The majority of youth was White (63%), male (62%), between the ages of 13 and 18 years old (51%), and lived exclusively with a parent or other family member in the last six months (78%).
- Most of the youth (76.1%) had Medicaid or FAMIS insurance.
- Just over half (52.7%) had received services for more than one year and 64.9% were still in services.

Performance Indicator Findings

Overall, caregivers report positive perceptions of the services their child received. Perceptions of access and cultural sensitivity are comparable to the national figures; however, in the domains of satisfaction and outcomes, Virginia caregivers are less positive than the national average. As social connectedness remains a domain in development, there is no 2007, comparative data. Several methodological differences exist between the Virginia survey and the national surveys that could account for these differences. The majority of states administer this survey only to caregivers whose children are still receiving services while Virginia includes respondents whose children are no longer in service. The latter have a tendency to have lower perceptions of care.



* 2007, national scores for Social Connectedness were not available

How have caregiver perceptions of care changed over time?

This report looked at perceptions of care over time for two separate groups, those still receiving services and those no longer in services. For both groups, caregiver perceptions of care were similar to those reported in FY2006, but with scores in the cultural sensitivity domain being lower. Comparison of results of this survey with surveys conducted since 2004 indicates that caregiver's perceptions of access and overall satisfaction with services have remained stable over time. Although it is only the second year for the social connectedness domain, the scores appear to be

stable, as well. However, compared to domain scores from 2004, the current survey's domain scores indicate that there has been a steady decline in positive perceptions of family involvement in treatment planning, cultural sensitivity, and outcomes. It is recommended that the Commonwealth increase its focus on workforce development to ensure that clinical staff who work with youth and their families have the specialized knowledge needed to work with the youth seeking publicly funded outpatient services.

Limitations

There are several limitations to consider when interpreting the results of this survey. They include:

- Cross-sectional nature of the survey. Without measures of baseline functioning for comparison, the survey measures of youth functioning can only be interpreted as a snapshot of how the youth are doing currently. Therefore, these indicators should only be used to provide a picture of the system performance over time. They are not true measures of the effectiveness of the services provided.
- Sample sizes at the CSB level are too small to be representative of population served at that CSB. The individual CSB results are provided to provide a rough estimate about how services at each CSB are perceived, however, CSBs should not be compared to each other on the basis of these findings.

Despite these limitations, the results of this survey provide valid and useful information about the outpatient services provided to children and adolescents through Virginia's public mental health system. Repeated assessment of the statewide service system will provide an opportunity to evaluate whether specific initiatives can have an impact on caregiver perceptions of positive outcome.

Overall, caregivers perceive public mental health services for their children positively but there is room for improvement. Policies should target strategies to improve positive outcomes for youth served in the public mental health system. The FY2004 report identified several factors that contribute most to positive perceptions of outcome. They included 1) caregiver involvement in services, 2) no out of home placements, and 3) caregiver satisfaction with the type and amount of services. These findings are again supported with the results from the current survey.

Therefore, in order to improve outcomes, either new policies are needed that encourage providers to use the following "best practices" more frequently or existing policies need to be more closely monitored:

- involve caregivers in choosing treatment services and goals for their children
- provide sufficient services to meet the child's needs (many children and adolescents with serious emotional and behavioral difficulties will need services for more than one year)
- provide services that are effective in preventing out of home placements.

Caregiver comments on what helped:

- **"I think he listens better, drinks less & less drugs."**
- **"They can talk straight forward with my child about anything and they care."**
- **"People who are at our call whenever we need them. And having child counseling at the center now is very helpful."**

Outpatient Mental Health Services Provided to Children and Adolescents: FY 2007

INTRODUCTION

Purpose of the Survey

The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) has identified caregiver² perceptions of Community Services Board's (CSBs) services provided to children and adolescents as a performance measure to be assessed on an annual basis. Therefore, DMHMRSAS administered its fifth annual statewide survey to caregivers of children and adolescents who received at least one non-emergency outpatient service during the fiscal year 2007.

This report summarizes the survey findings and compares those findings to previous Virginia DMHMRSAS administrations of the survey and to national benchmarks. The review of important aspects of care over time provides the Department with information to evaluate the services it supports and helps the Department to identify areas that have the potential to improve outcomes for children with serious emotional disturbance.

It is important to note that perceptions of caregivers who could not obtain mental health services were not sampled. There continues to be a significant number of families in the Commonwealth who remain on waiting lists for services. Therefore, the results reported here cannot address the question of whether there is an adequate amount of services provided; they can only speak to the quality of services that are provided.

METHODOLOGY

Measure

The Youth Services Survey for Families (YSSF: Brunk, Koch, & McCall, 2000) is used to assess caregiver's perceptions of the services their child received at a community mental health center. It was developed for the Mental Health Statistics Improvement Program's (MHSIP) *Consumer-Oriented Mental Health Report Card* and is recommended for national reporting of performance indicators. The YSSF used in 2006 included the original 22 items used to calculate the national performance indicators and 7 new items that were piloted in 2005 as part of Virginia's Data Infrastructure Grant. This grant is funding a multi-state effort to identify reliable and valid measures for inclusion in the National Outcomes Measures for the Substance Abuse and Mental Health Services Administration. A number of other questions are included to identify the demographic characteristics of the sample of respondents. A copy of the survey is included in Appendix A.

² While the majority of respondents were parents of the child receiving services, grandparents or others serving as the child's primary caregiver completed many surveys. The term "caregiver" will be used throughout this report to refer to any person serving as the child's primary caregiver.

The original survey items are designed to measure five domains that have been identified as important indicators of quality of services for children and adolescents. The domains include access, cultural sensitivity, family participation in treatment, outcome, satisfaction with services, and social connectedness. Domain scores are calculated by taking the average of the scores on all items related to one of the scales. Scores range from “Strongly disagree” = 1 to “Strongly agree” = 5. A score of 3.5 or more indicates agreement with the items included in the scale. For example, the domain “Percentage of consumer's parents who report participating in child's treatment” is calculated by first taking the average of a respondent's scores on the items in the Family Involvement scale (Items 2, 3 & 6). Then the percentage for the domain is determined by the number of respondents with an average scale score > 3.5 divided by the total number of respondents.

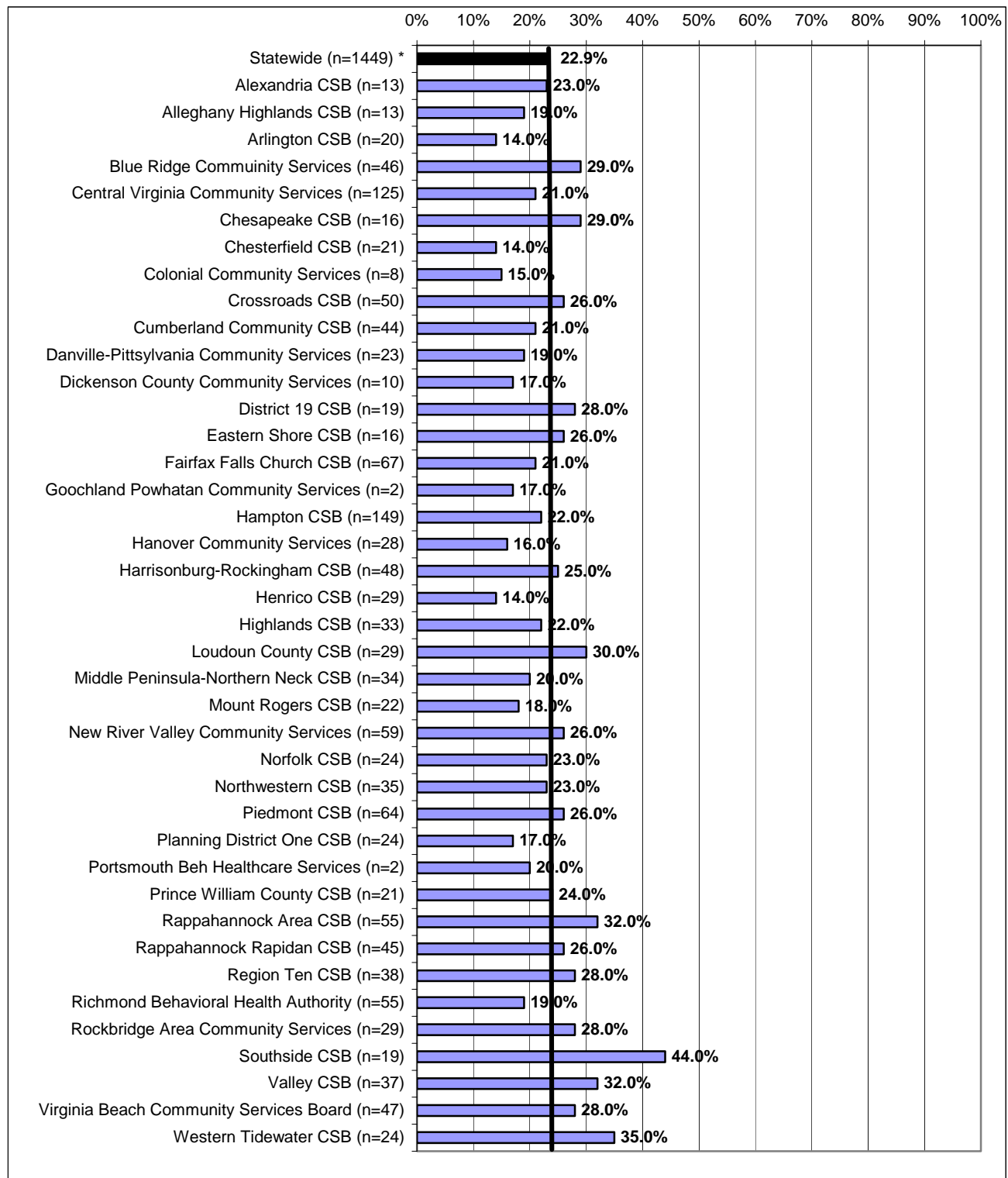
Administration of the Survey

In order to select a sample of caregivers to receive a survey in the mail, CSBs were asked to provide DMHMRSAS with a file that included all children who were identified as having a serious emotional disturbance (SED) and that received at least one mental health service from the child and adolescent programs during the months of July 1 through December 31, 2006. Children were identified using criteria from the Priority Population Classification Form. These youth also met the federal criteria for youth with SED. The data file contained basic demographic information such as date of birth, race, ethnicity and gender of the youth in addition to mailing addresses. All forty CSBs provided files and, as a result, contributed to the final sample.

In April 2007, DMHMRSAS selected a random sample of youth from the submitted files to receive a survey. A total sample of 6,982 youth was selected to represent the population of an approximately 14,977 youth with SED receiving services in the fiscal year ending in 2007. The DMHMRSAS contracted with the Social Science Research Center at Old Dominion University to conduct a mail survey of the sample. Surveys were mailed to the parents identified in the sample along with a cover letter that explained the purpose of the survey, identified the CSB that had provided services, and informed recipients of the risks and benefits of returning the survey. The first wave of surveys was mailed to recipients beginning in June 2007. A second survey was mailed one month later to anyone who had not yet returned the survey. In order to combine the survey data with demographic information in the CSB files, a unique number was assigned to each youth in the sample and that number was included on the survey. The data for this report include all surveys received by end of September 2007. These response rate figures use 8/1/06 as the cut off for subtracting bad address numbers from the denominator for the wave 1 response rate.

A total of 1,449 *unduplicated* valid surveys were returned and only 46 respondents refused or returned blank surveys. A small number of the total sample, 653 (9%) had incomplete addresses. When this number of respondents was removed from the original sample, the number of respondents who actually received a survey was reduced to 6,329 and the resulting overall return rate was 22.9%. This number achieved the 95 percent confidence level and a confidence interval of +/- 2.45% for the statewide sample.

Figure 1: Overall Response Rate by CSB



* No CSB identified = 6

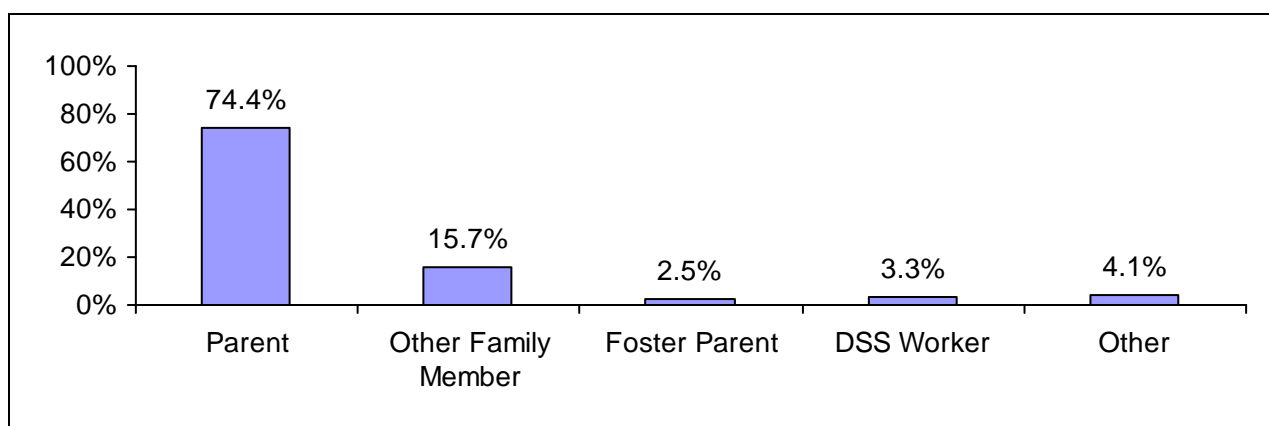
STATEWIDE SURVEY RESPONSES

Description of Sample

Respondent relationship to youth receiving services

Of the 1,449 respondents to the survey, 1,413 provided information about their relationship to the identified child. The majority of the respondents identified themselves as a parent or other family member (90.1%).

Figure 2: Sample by Respondent Type

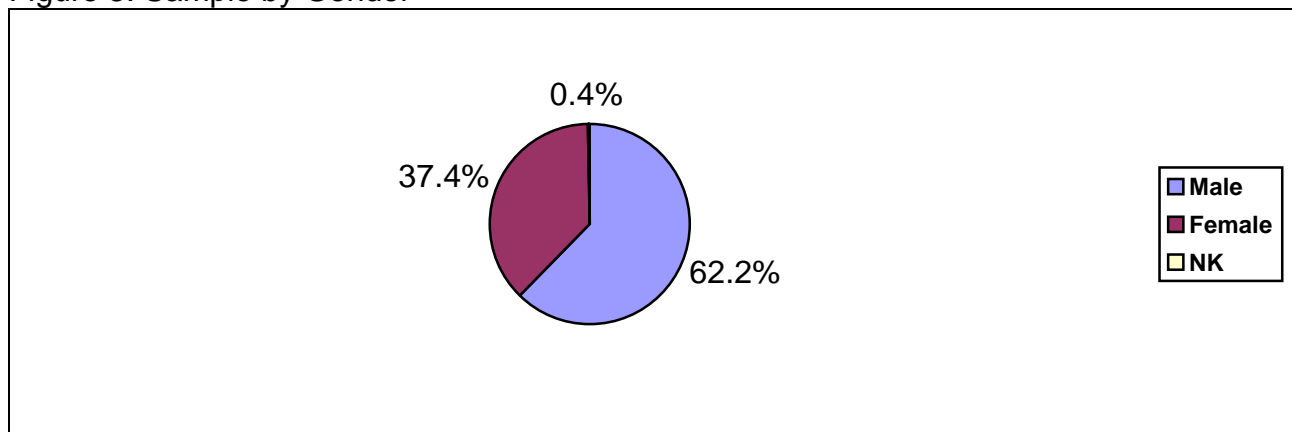


Demographic information was available on the youth who received mental health services from caregiver report and CSB data files. The youth in the sample had the following characteristics.

Gender

- The majority of the youth in the survey sample was male (N=901)

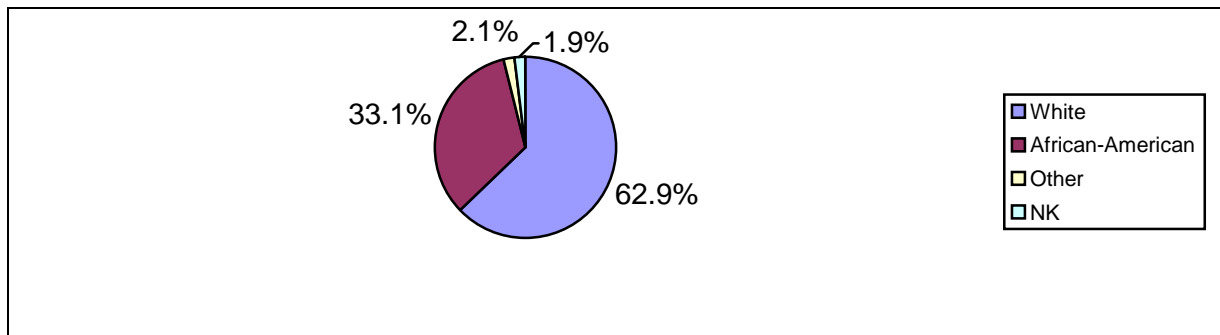
Figure 3: Sample by Gender



Race

- About 33% of the 1,385 caregivers, responding to the question about race, identified their child as African-American, while about 63% were identified as White.

Figure 4: Sample by Race



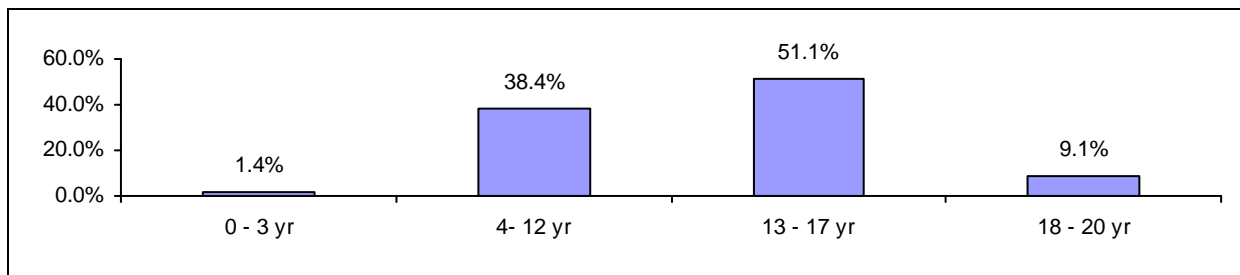
Ethnicity

- 4.8% of the 1,443 caregivers responding to the question about ethnicity identified their child as Hispanic.

Age

- The majority of the youth receiving services were adolescents. The average age was 13.68 years with a range from .82 years to 23.3 years (N = 1,443).

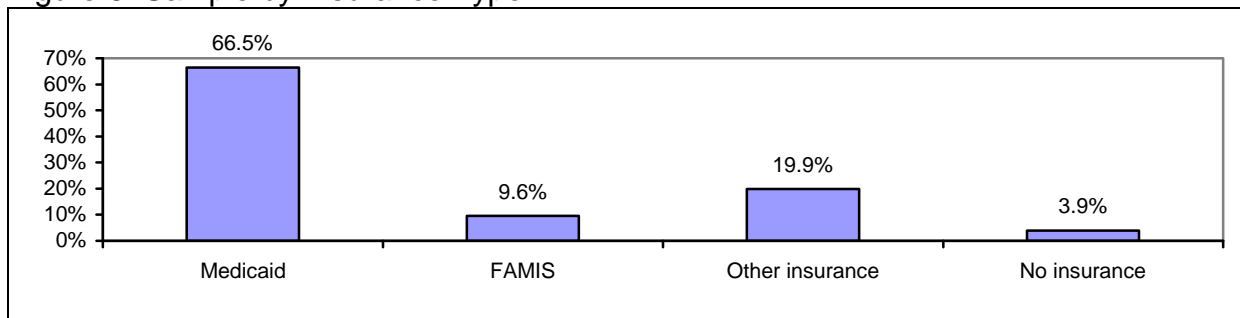
Figure 5: Sample by Age Group



Insurance

- The majority of the youth had Medicaid insurance or other insurance (N = 1,384).

Figure 6: Sample by Insurance Type

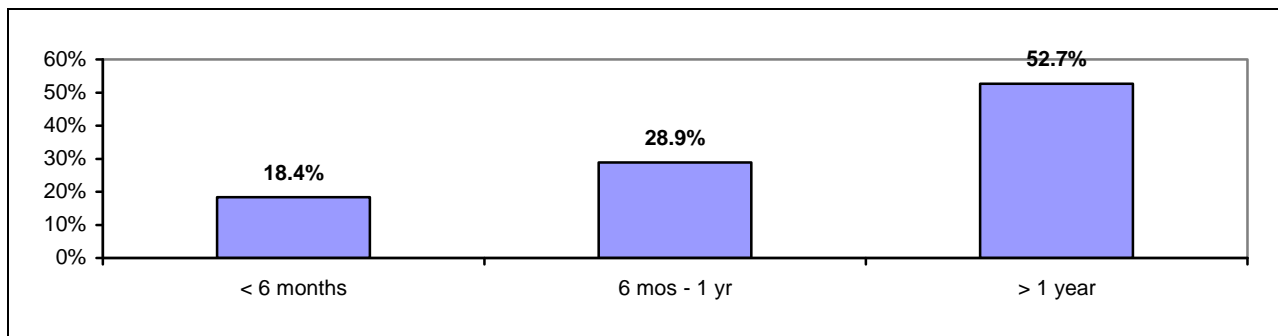


Service Involvement

The majority of youth (64.9%) were still receiving services from the CSB (N=1,406).

- A little more than half (52.7%) of the 1,398 caregivers responding to question about length of time in service reported the child had been in service more than one year.

Figure 7: Sample by Length of Time in Services



Medication

- A little more than 63% of the youth (N = 1,409) were on medication for emotional/behavioral problems.
- For those on medication (N = 1,056), 76.2% reported they were told about the side effects of the medicine.

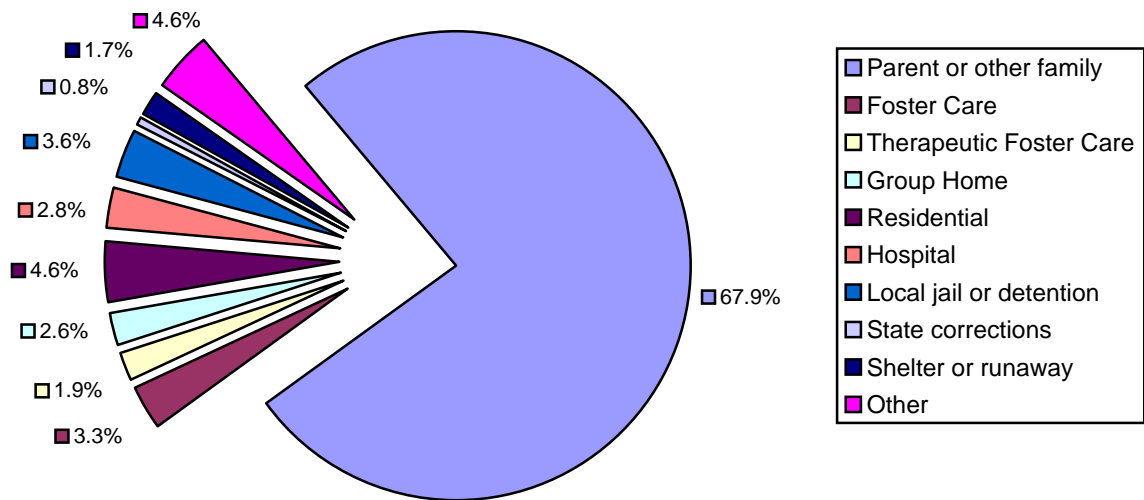
Descriptions of Youth Functioning

The YSS-F contains several questions to obtain the parent's report on how the child is doing in several critical areas of functioning (e.g., “is the child in the home, in school, and out of trouble?”). Since the survey was conducted at a single point in time, these indicators cannot be interpreted as an indicator of the outcome of the services, only as a description of the population served by the service system.

Placements in the Last Six Months

- About 83% of youth lived in only home-like settings during the six months (N = 1,201). Home-like settings include living with parents or other family members and foster care placements (regular and therapeutic).
- Overall, about 17% of youth resided in some type of out of home placement in the last six months (N = 1,449).
- About 4.6% had 2 or more placements in six months prior to the survey (N = 1,140).
- A little over 2% of youth were homeless in the last six months (N=1,324) with the number of days homeless ranging from 1 to 180 days.
- About 9% had moved in the last month, ranging from 1 to 5 moves (N = 1,335).
- The percent of youth in different types of settings is displayed in following figure. Numbers of youth are duplicated since youth could have been in multiple settings during the period (N = 1,449).

Figure 8: Percent of Youth Residing in Setting During Six Months Prior to Survey *



*All settings in which a youth resides during the six month period are included. Some youth lived in multiple settings.

Current Living Situation

- Almost 88% of youth were currently living with the respondent (N = 1,407).
- About 90% of caregivers reported satisfaction with youth's current living situation (N = 1,360).

Community Indicators of Functioning

- About 78% of youth (N = 1102) lived *only at home* with a parent or other family member in the last six months. This percentage is based on an unduplicated measure of placements.
- Almost 92% of caregivers (N = 1,423) reported that the youth had not been arrested in the last year.
- About 26% of youth were reported to be attending school more regularly since starting services (N=1,366).

Representativeness of the Survey Respondents to the Population

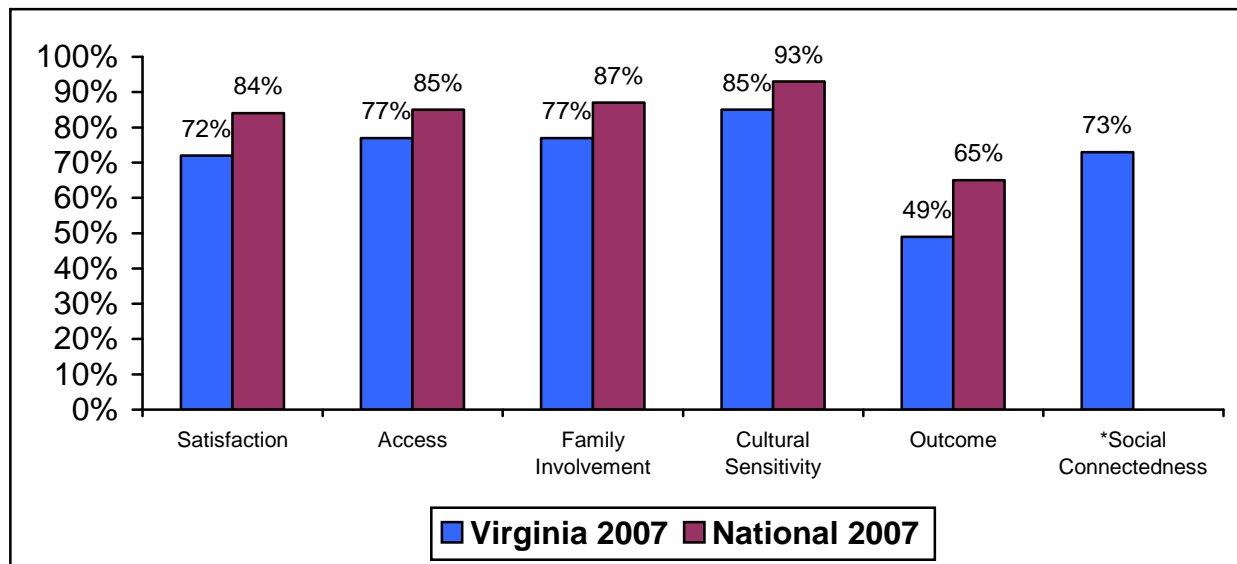
Demographic information from the Department's information system (CCS2) is available on the approximately 14,977 youth with serious emotional disturbance who received mental health services in FY 2007. This information includes age, race, gender and Hispanic ethnicity of the youth. Comparison of the survey sample to the population figures indicates that the sample is closely representative of the overall population. While Whites were slightly over represented and African-Americans and Hispanic ethnicity were slightly under represented, these differences were not significant. Therefore, the results presented in this report can be generalized to the overall population with confidence.

Caregiver Perceptions of Services

Overall, caregivers report positive perceptions of the services their child received. Perceptions of access and cultural sensitivity are comparable to the national figures; however, in the domains of satisfaction, family involvement and outcomes, Virginia caregivers are significantly less positive than the national average.

- Overall, about 72% (+/- 2.46) of caregivers reported a positive perception with regard to the general satisfaction domain.
- About 77% (+/- 2.47) reported a positive perception on the access domain.
- A little over 77% (+/- 2.46) reported a positive perception of their participation in treatment planning for their child.
- Eighty five percent (+/- 2.47) reported a positive perception of the cultural sensitivity of staff.
- Forty-nine percent (+/- 2.46) reported a positive perception on the outcome domain.
- Finally, about 73% (+/- 2.48) reported a positive perception on the social connectedness domain.

Figure 9: Comparison of Virginia & National Survey Results by Domain



* National scores for Social Connectedness for 2007 were not available

Several methodological differences exist between the Virginia survey and the national surveys that could account for these differences. The majority of states survey only caregivers whose children are still receiving services while Virginia has respondents who are no longer in service. The latter have a tendency to have lower perceptions of care.

It is important to note that about 35% of respondents were not receiving services at the time of the survey and the results are likely to include some caregivers who discontinued services due to dissatisfaction with services. Therefore, these findings should not be compared to surveys that use a different methodology.

General Satisfaction Domain

- About 79% percent agreed with the statement “Overall, I am satisfied with the services my child received”.
- Seventy three percent agreed with the statement “The services my child and/or family received were right for us”.
- Seventy one percent agreed with the statement “My family got the help we wanted for my child”.
- About 66 % agreed with the statement “My family got as much help as we needed for my child”.
- About 77% agreed that “The people helping us stuck with them no matter what”.
- About 76% agreed that their child had someone to talk to when he or she was troubled.

Access Domain

- About 85% agreed that the location of services is convenient.
- Eighty-two percent agreed that services were available at times that were good for them.

Caregiver Participation in Treatment Planning Domain

- Almost 73% agreed with the statement “I helped to choose my child’s services.”
- About 74% agreed with the statement “I helped to choose my child’s treatment goals.”
- Eighty-seven percent agreed that they participated in their child’s treatment.

Cultural Sensitivity Domain

- A little over 80% agreed that staff were sensitive to their cultural/ethnic background.
- A little more than 91% reported staff treated them with respect.
- About 81% agreed with the statement “Staff respected my family’s religious/spiritual beliefs.”
- Ninety two percent agreed with the statement “Staff spoke with me in a way that I understood.”

Outcome Domain (As a result of the services my child and/or family received)

- A little over 55% agreed with the statement “My child is better at handling daily life”.
- About 55% agreed with the statement “My child gets along better with family members”.
- About 56% agreed that their child “gets along better with friends and other people”.
- A little over 55% percent reported that their child did better at work or school.
- Almost 48% reported that their child is better able to cope when things go wrong.
- A little over 50% agreed with the statement “I am satisfied with our family life right now”.

Social Connectedness

- Seventy-eight percent agreed that “I know people who will listen when I need to talk.”
- Almost 79% agreed that “I have people I can talk to about my child’s problems.
- A little over 78% of the respondents agreed they have “family or friends who will help in a crisis.”
- Almost 76% agreed that “I have people with whom I can do enjoyable things.”

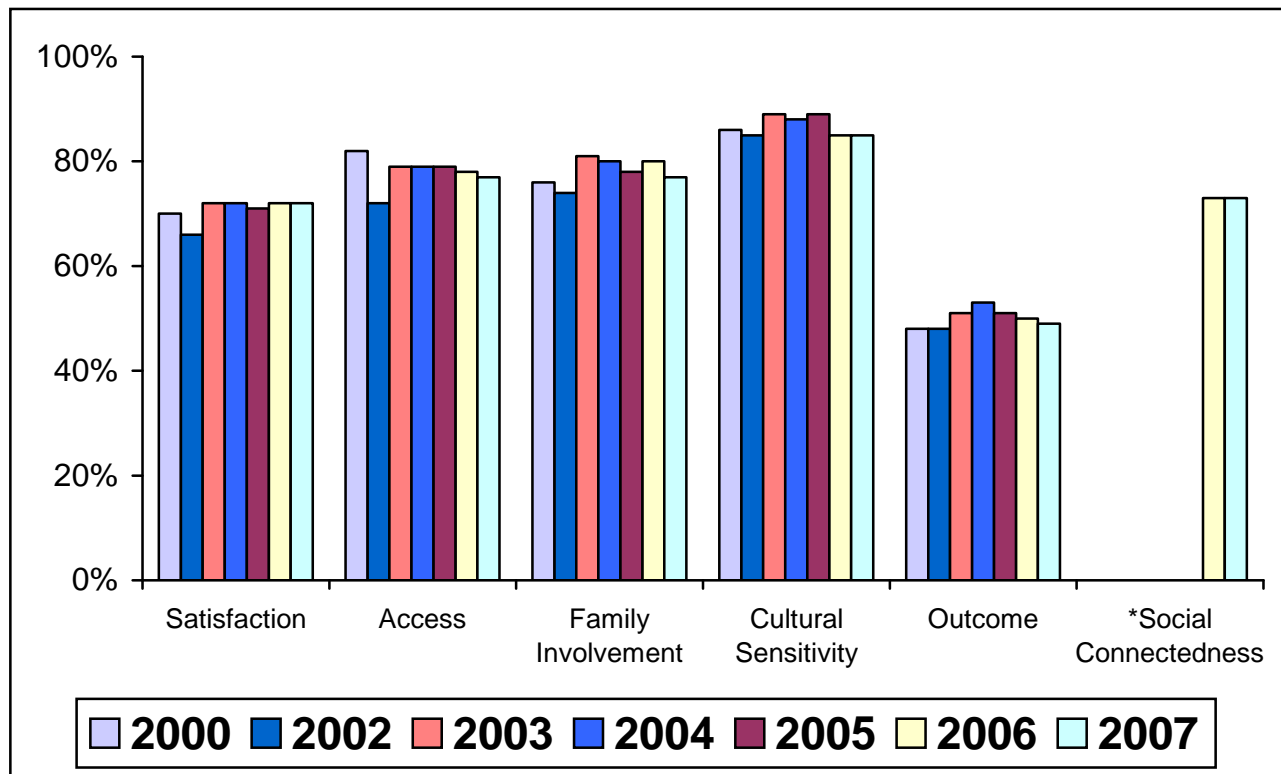
Comparison to Previous Survey Administrations

The percentage of parents who agreed with an item is reported in Table 1 along with results of previous surveys. Agreement with an item is indicated when caregivers responded with “strongly agree” or “agree”. Item statistics including the mean and standard deviation are presented in Appendix D. Figure 10 displays trends by domain score back to 2000.

Table 1. Summary of Responses to YSSF Survey Items

ITEMS	% Agree 2004	% Agree 2005	% Agree 2006	% Agree 2007
1. Overall, I am satisfied with the services my child received.	81.4%	80.3%	78.9%	78.6%
2. I helped to choose my child's services.	80.0%	78.8%	74.1%	72.9%
3. I helped to choose my child's treatment goals.	78.7%	76.8%	76.1%	73.7%
4. The people helping my child stuck with us no matter what.	78.0%	77.0%	76.4%	76.6%
5. I felt my child had someone to talk to when he/she was troubled.	76.3%	75.8%	74.8%	76.2%
6. I participated in my child's treatment.	88.7%	89.9%	86.9%	87.1%
7. The services my child and/or family received were right for us.	74.0%	74.0%	73.8%	73.3%
8. The location of services was convenient for us.	87.2%	87.8%	86.0%	84.7%
9. Services were available at times that were convenient for us.	83.6%	84.3%	82.6%	81.2%
10. My calls were returned in 24 hours	NA	77.3%	75.0%	75.0%
11. My family got the help we wanted for my child.	71.9%	71.0%	71.1%	71.1%
12. My family got as much help, as we needed for my child.	64.2%	64.2%	64.8%	65.8%
13. The people I went to spent enough time with me.	NA	79.0%	76.6%	77.6%
14. Staff treated me with respect.	92.3%	92.1%	90.3%	91.3%
15. Staff respected my family's religious/spiritual beliefs.	85.3%	86.7%	81.1%	80.9%
16. Staff spoke with me in a way that I understood.	94.7%	94.6%	92.0%	92.1%
17. Staff were sensitive to my cultural/ethnic background.	85.5%	85.4%	78.7%	79.2%
As a result of the services my child and family received:				
18. My child's symptoms are not bothering him/her as much	NA	51.3%	52.8%	49.3%
19. My child is better at handling daily life.	59.6%	55.6%	54.9%	55.4%
20. My child gets along better with family members.	60.2%	58.8%	56.5%	54.9%
21. My child gets along better with friends and other people.	62.1%	61.5%	58.1%	55.9%
22. My child is doing better in school and/or work.	61.0%	57.5%	57.8%	55.4%
23. My child is better able to cope when things go wrong.	50.9%	47.8%	48.5%	47.9%
24. My child is better able to do things he/she wants to do.	NA	59.7%	56.6%	54.6%
25. I am satisfied with our family life right now.	55.2%	43.9%	52.8%	50.3%
26. I know people who will listen when I need to talk	NA	NA	77.0%	78.1%
27. I have people I can talk to about my child's problems.	NA	NA	78.7%	78.3%
28. Family or friends who will help in a crisis.	NA	NA	73.9%	72.7%
29. I have people with whom I can do enjoyable things.	NA	NA	73.8%	75.8%

Figure 10. Results of Previous Administrations by Domain



* The Social Connectedness scale was included in the survey starting in 2006.

Comparison of results of this survey with those of previous administrations indicates that caregiver's perceptions of services for children and adolescents have remained stable over time in the domains of access, and satisfaction. Although it is only the second year for the social connectedness domain, the scores appear to be stable, as well. However, comparing domain scores from 2004 to the current survey's domain scores indicates that there has been a steady decline in positive perceptions of family involvement in treatment planning, cultural sensitivity, and outcomes. In the area of family involvement, the changes seem related primarily to reductions in the caregiver's perception that they have a choice in either services or treatment goals. With cultural sensitivity, the items that contribute most to the lower positive perceptions are "Staff respected my family's religious/spiritual beliefs" and "Staff were sensitive to my cultural/ethnic background". In the area of outcomes, all items contributed to the lower positive perceptions except "My child's symptoms are not bothering him/her as much". This trend is approaching statistical significance and indicates that more attention to development of staff skills may be needed.

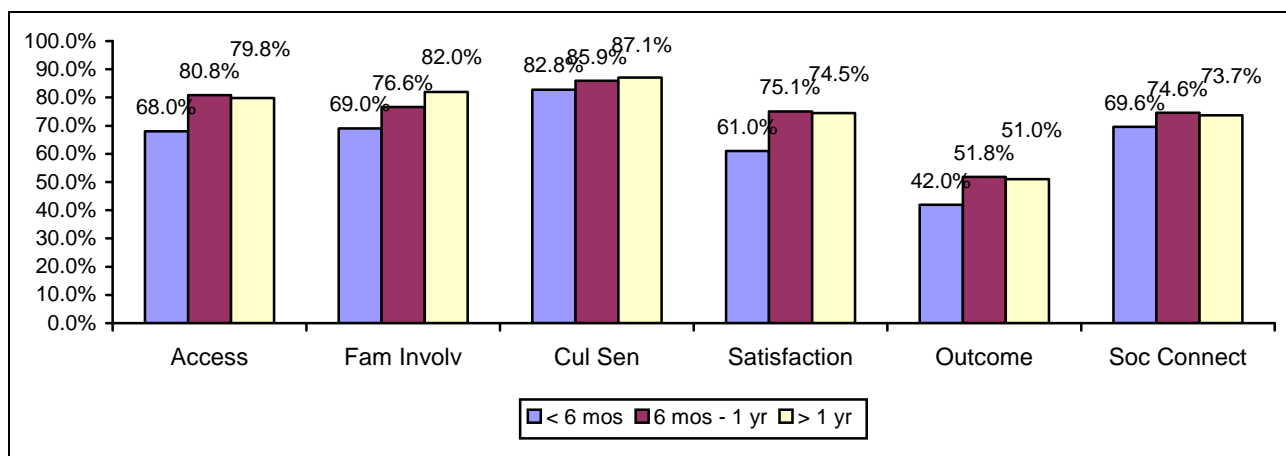
Differences Between Groups

Previous administrations of the YSSF have demonstrated that the performance indicator scores do not differ by most demographic variables, including age, gender, race, Hispanic ethnicity, medication status, or type of insurance. Therefore, those variables were not assessed for this report. Chi square analysis using SPSS 14.0 supported previous findings that indicator scores are significantly related to service length and service status (still in service vs. not in service).

Did Perceptions of Services Differ by Length of Time in Services?

In the Access, Family Involvement, Satisfaction, and Outcomes domains of services, caregiver perceptions of care varied significantly by length of time in services ($p < .001$ except for Outcome, $p < .05$). Caregivers of youth, who had been in services for 6 months or more, generally reported more positive perceptions of access, family involvement, satisfaction, and outcomes than caregivers of youth who received services for less than 6 months. Perceptions of Cultural Sensitivity and Social Connectedness did not vary by length of time in service.

Figure 10: Caregiver Perceptions by Length of Time in Services

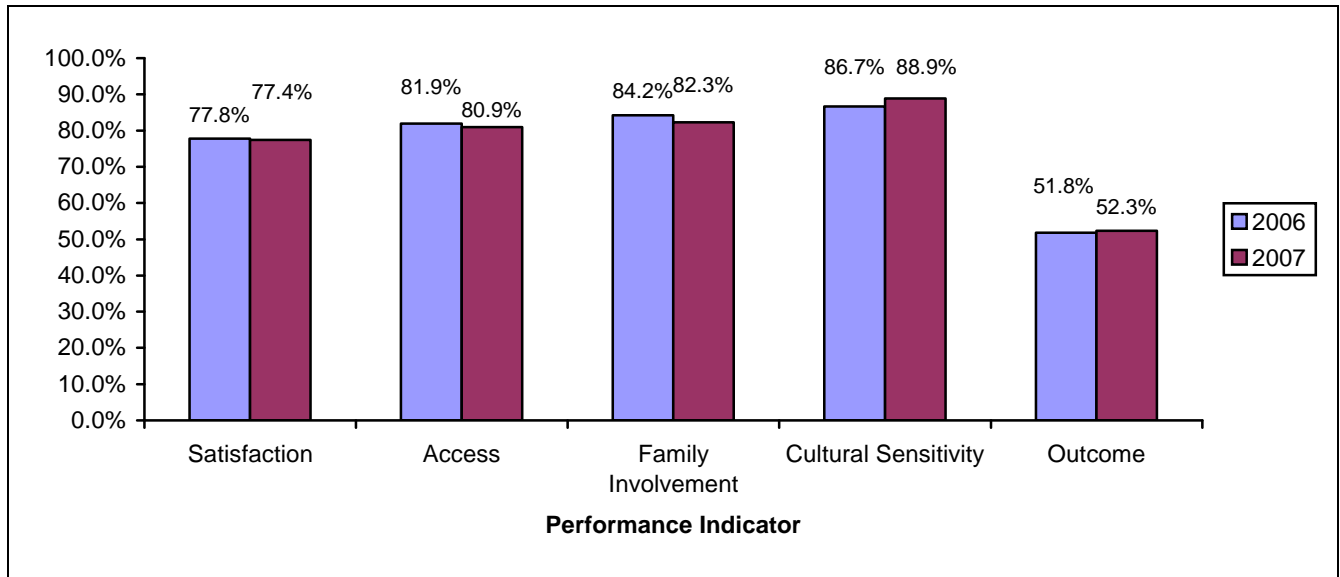


How Do Perceptions of Care Change Over Time for Youth Receiving Services?

With regard to differences related to service status, Chi square results were consistent with previous survey results in that caregivers of youth still receiving services reported significantly more positive perceptions of services in all domains ($p < .002$) than caregivers whose children were no longer in services. In order to compare results of surveys across time, reporting separately for youth still receiving services and youth no longer in services controls sample differences on this variable. Results for the FY2006 and FY2007 surveys are displayed separately for each group below.

Figure 11 displays the results for youth who were still receiving services at the time of the two surveys. Comparing this year's findings to the previous administration of the YSSF for this group, there appears to be a slight increase in the perceptions of cultural sensitivity. However, these changes are not significant. However, there was slight decrease in the family involvement domain. Given that previous survey findings have demonstrated that family involvement in treatment is one of the strongest predictors of positive outcomes, this trend should be monitored.

Figure 11: Caregiver Perceptions of Care by Time of Survey for Youth in Services

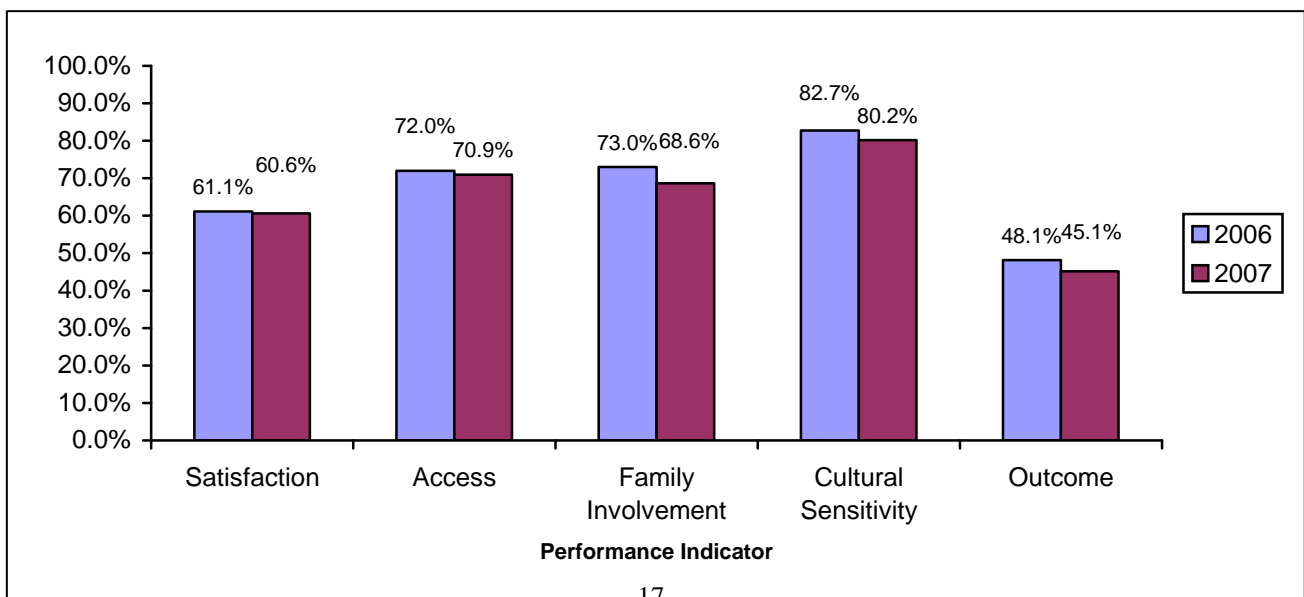


How Do Perceptions of Care Change Over Time for Youth No Longer in Services?

In FY2007, caregivers of youth who are no longer receiving services from a CSB reported perceptions of the care received to be similar to that reported in FY2006 (see Figure 12), with a slight decrease in perceptions across all domains.

In order to identify if there was a subgroup of caregivers with more negative perceptions of service, exploratory multivariate analysis was conducted to assess the relationship between demographic variables and the average performance indicator scale scores for this subgroup. No significant findings were yielded from this analysis.

Figure 12: Caregiver Perceptions of Care by Time of Survey for Youth Not in Services



CSB Level Caregiver Perceptions of Services

In the following section, individual CSB ratings for the five indicator domains are presented with the statewide average for the domain included as a reference. These results are provided to assist CSBs in identifying possible areas of improvement. Due to the differences in demographic and treatment characteristics between CSBs and small sample sizes for many of the CSBs, it is important to avoid comparing CSBs on the basis of the following figures. The best use of this information is to track individual CSB progress over time.

The first figure (Fig. 13) illustrates how much CSBs vary on the percentage of youth still receiving services at the time of the survey. CSBs with a higher percent of youth currently in services are more likely to have caregivers report positive perceptions of services on all domains. This variability should be taken into consideration when reviewing the CSB results on the subsequent figures.

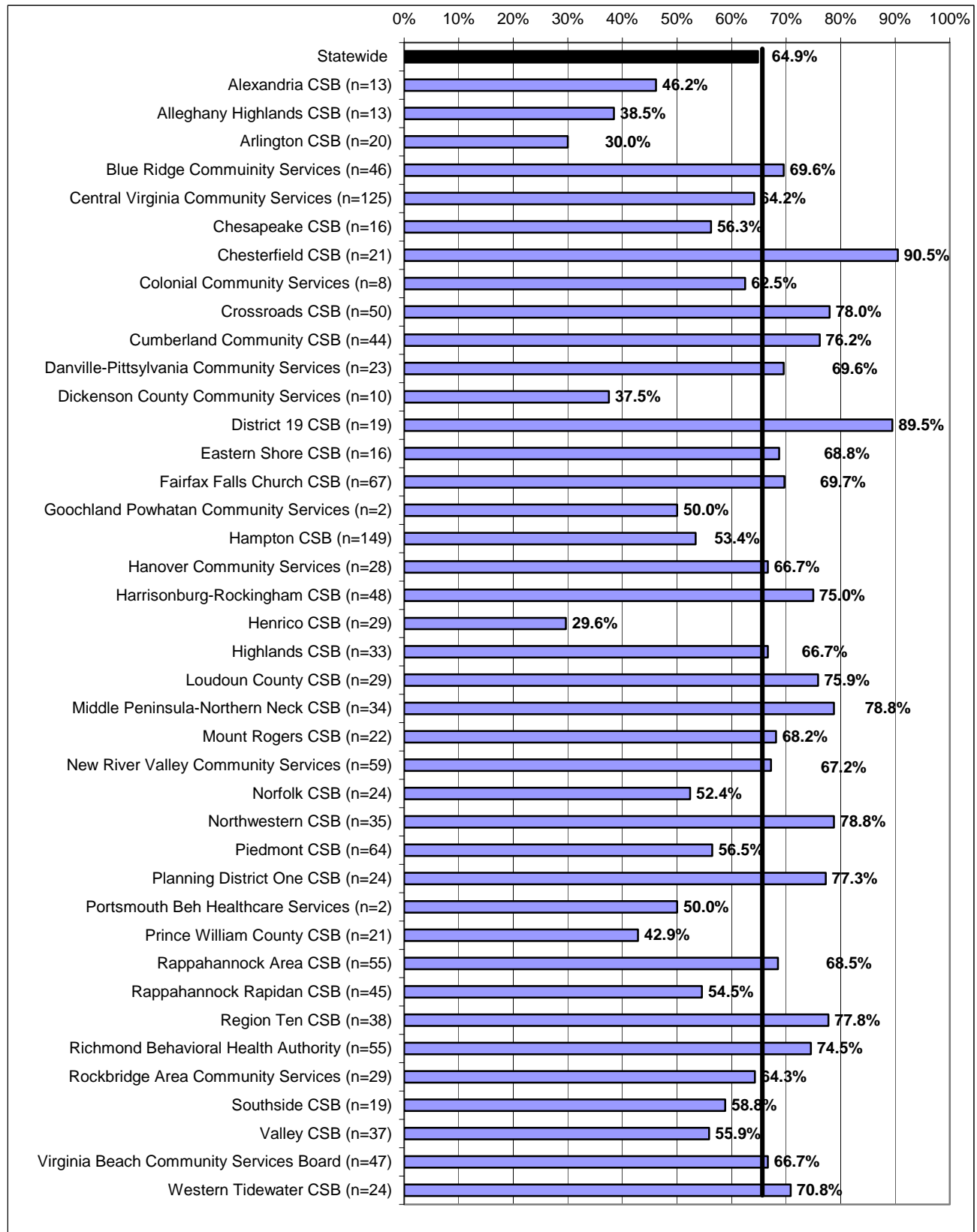
Caregiver comments on what helped:

- **“My child needed someone to talk to with whom she could share all feelings without guilt. We do foster care and wanted her to be able to discuss this. She had shown signs of depression & anger and she felt bad about it. She is very comfortable emotionally now.”**
- **“Therapeutic horseback riding. Someone who can listen and respond to both our problems.”**
- **“My child can now talk to me a little more openly.”**

Caregiver suggestions for improvement:

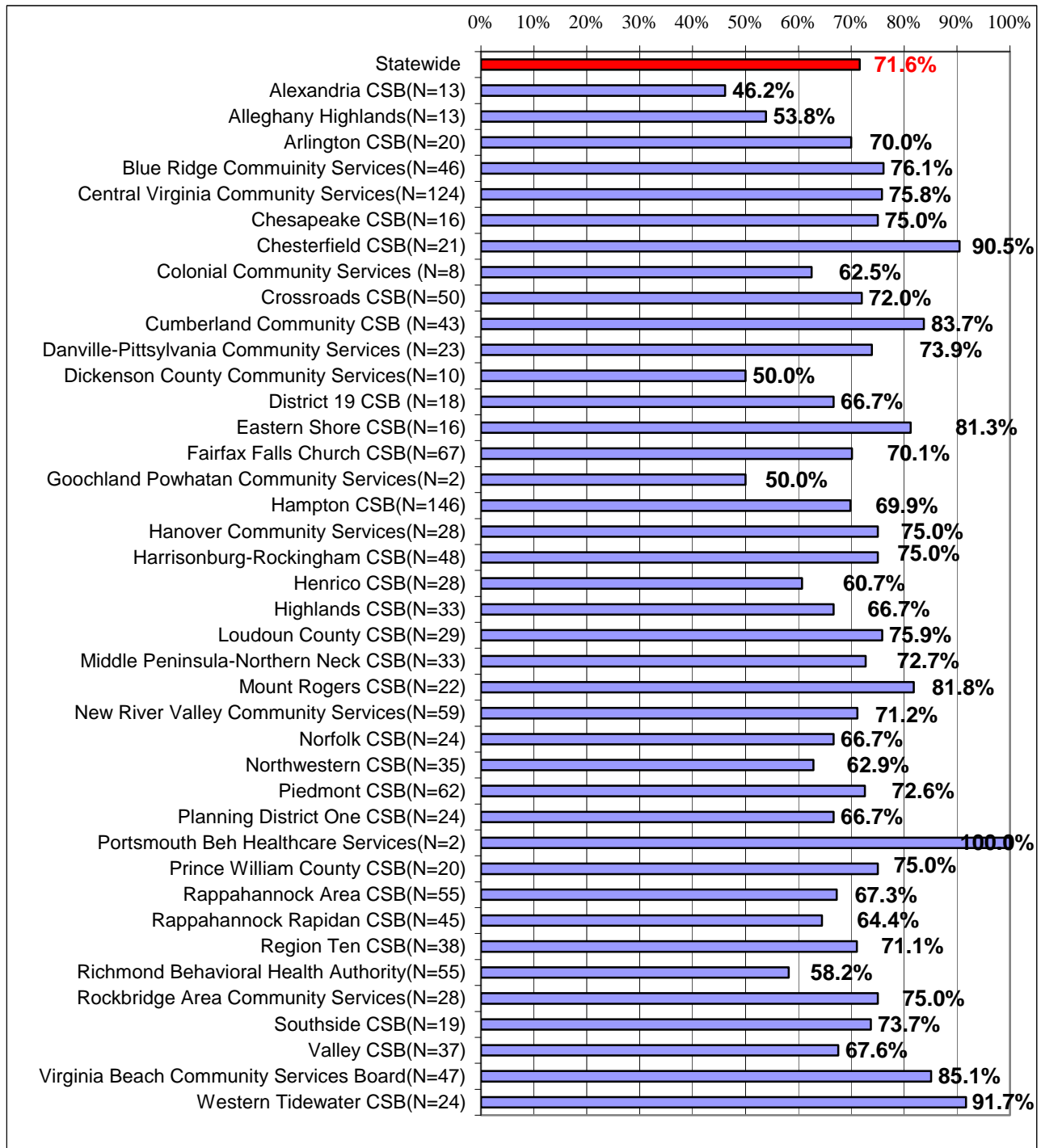
- **“We were disappointed in counselling; it was no help at all. We were given Rx for Ritalin/Clonidine-our child is now very overweight (210 lbs) at 5'9".”**
- **“Offer services for the children to get them involved with horseback riding, dancing, karate, sports, etc, to help them improve their bodies & minds-to give them self worth & self esteem.”**
- **“More attention to customer svc. We had several appts that were cancelled after we got to the treatment facility.”**

Figure 13: Percent of Youth in Services at Time of Survey by CSB



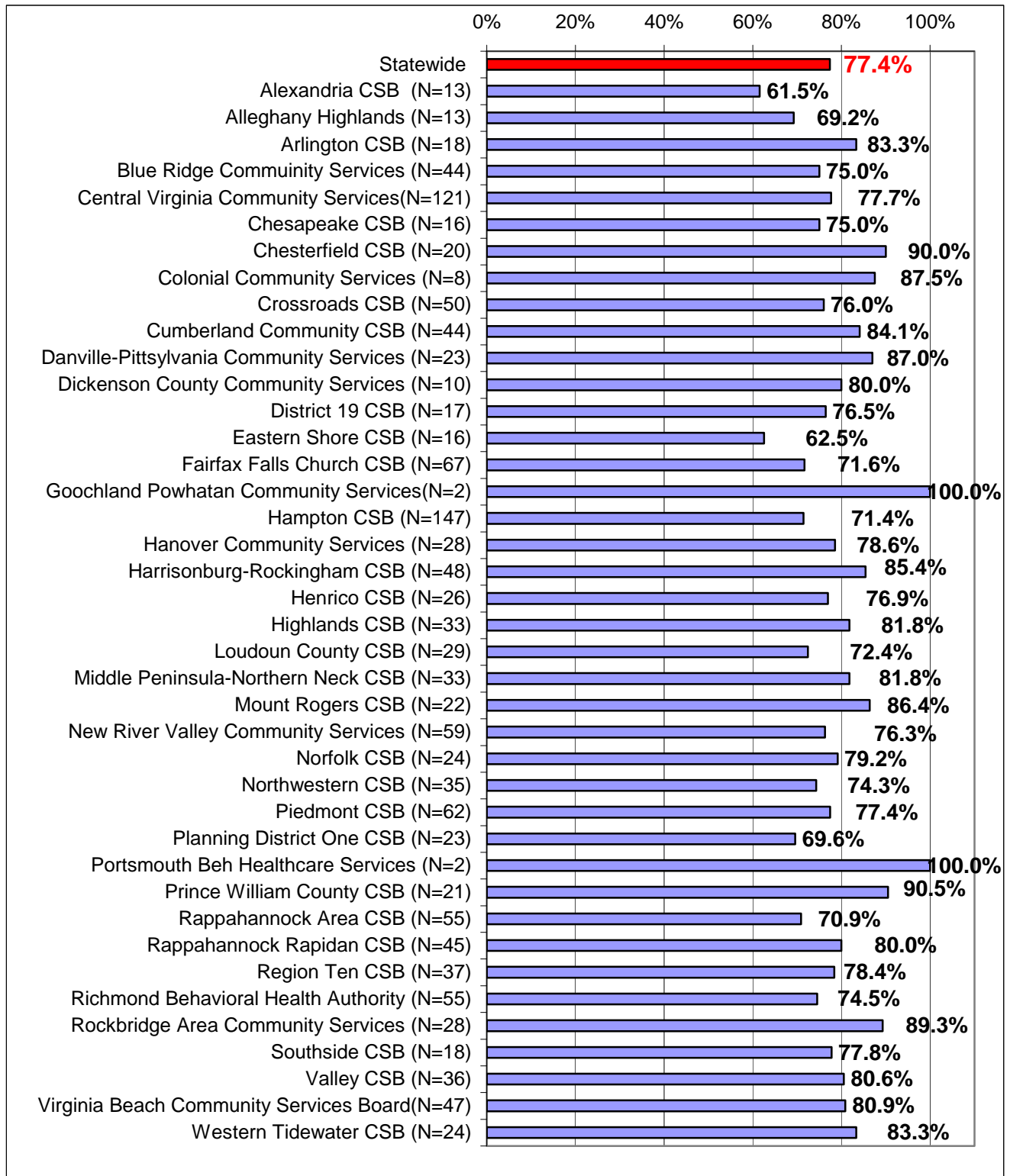
Note: Sample sizes at Alexandria, Alleghany Highlands, Colonial, Dickenson County, Dickenson, Goochland Powhatan, and Portsmouth are too small for valid comparisons.

Figure 14: Caregiver Perception of Services by CSB - Satisfaction Domain



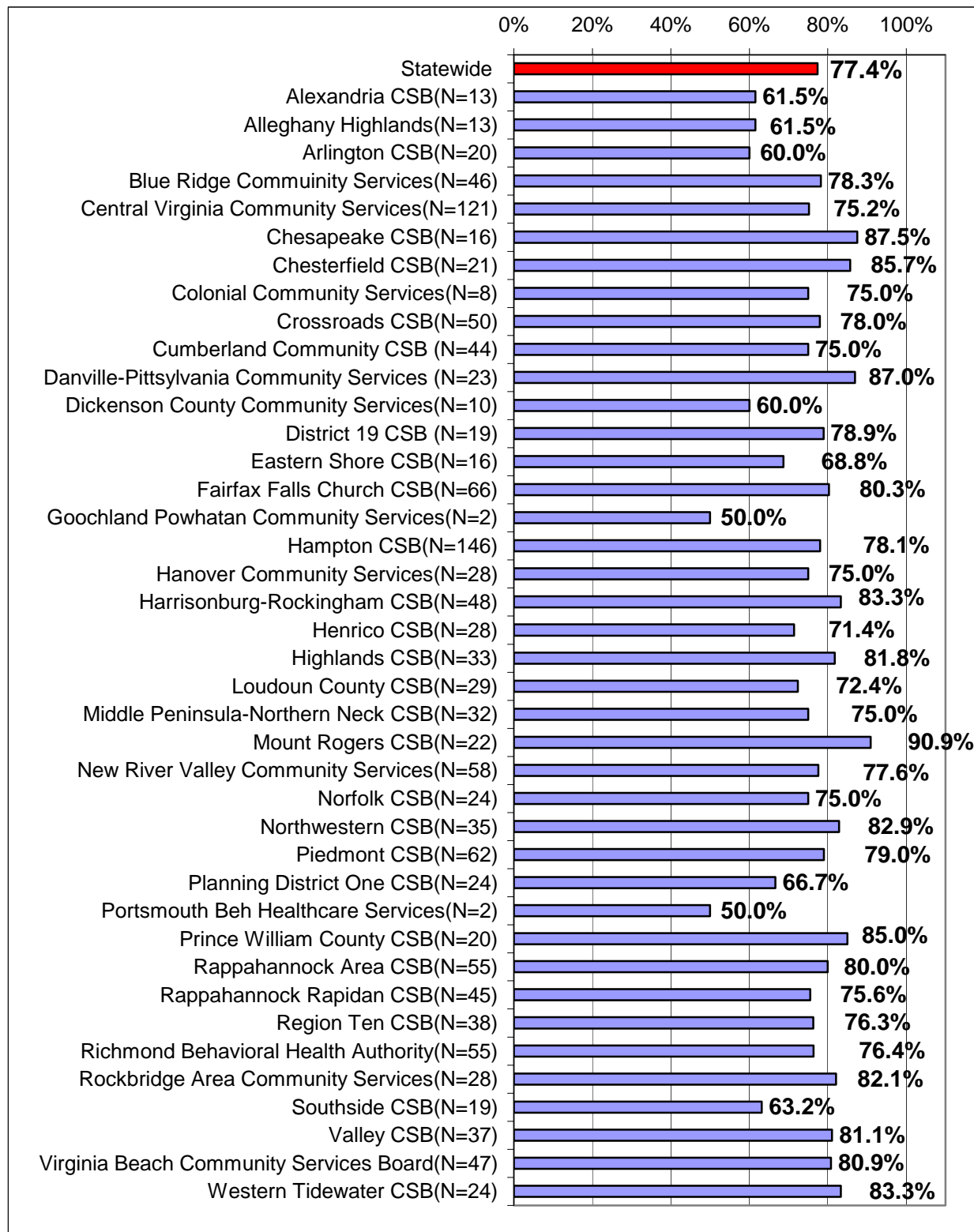
Note: Sample sizes at Alexandria, Alleghany Highlands, Colonial, Dickenson County, Dickenson, Goochland Powhatan, and Portsmouth are too small for valid comparisons.

Figure 15: Caregiver Perception of Services by CSB - Access Domain



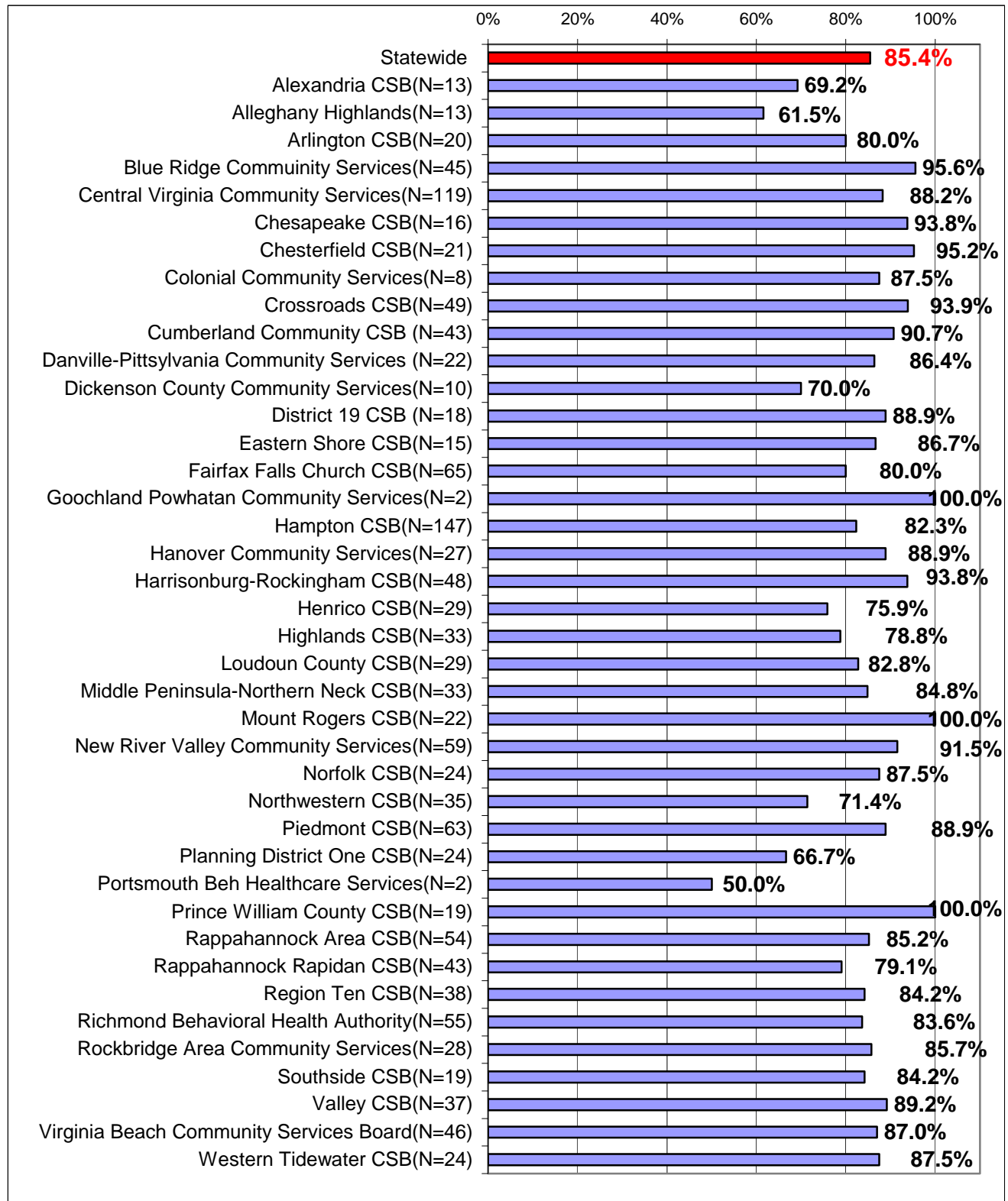
Note: Sample sizes at Alexandria, Alleghany Highlands, Colonial, Dickenson County, Dickenson, Goochland Powhatan, and Portsmouth are too small for valid comparisons.

Figure 16: Caregiver Perceptions of Services by CSB – Caregiver Participation Domain



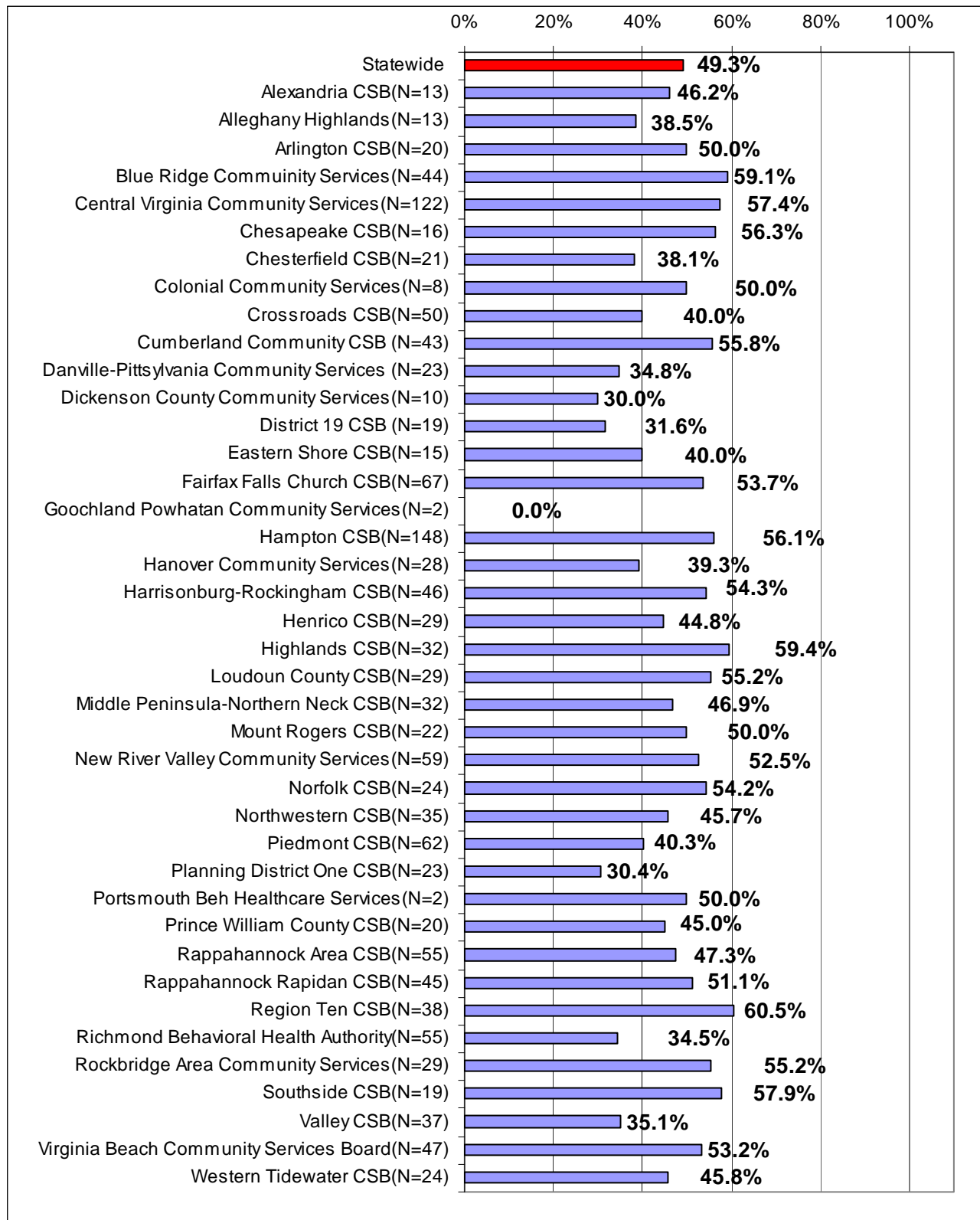
Note: Sample sizes at Alexandria, Alleghany Highlands, Colonial, Dickenson County, Dickenson, Goochland Powhatan, and Portsmouth are too small for valid comparisons.

Figure 17: Caregiver Perception of Services by CSB – Cultural Sensitivity Domain



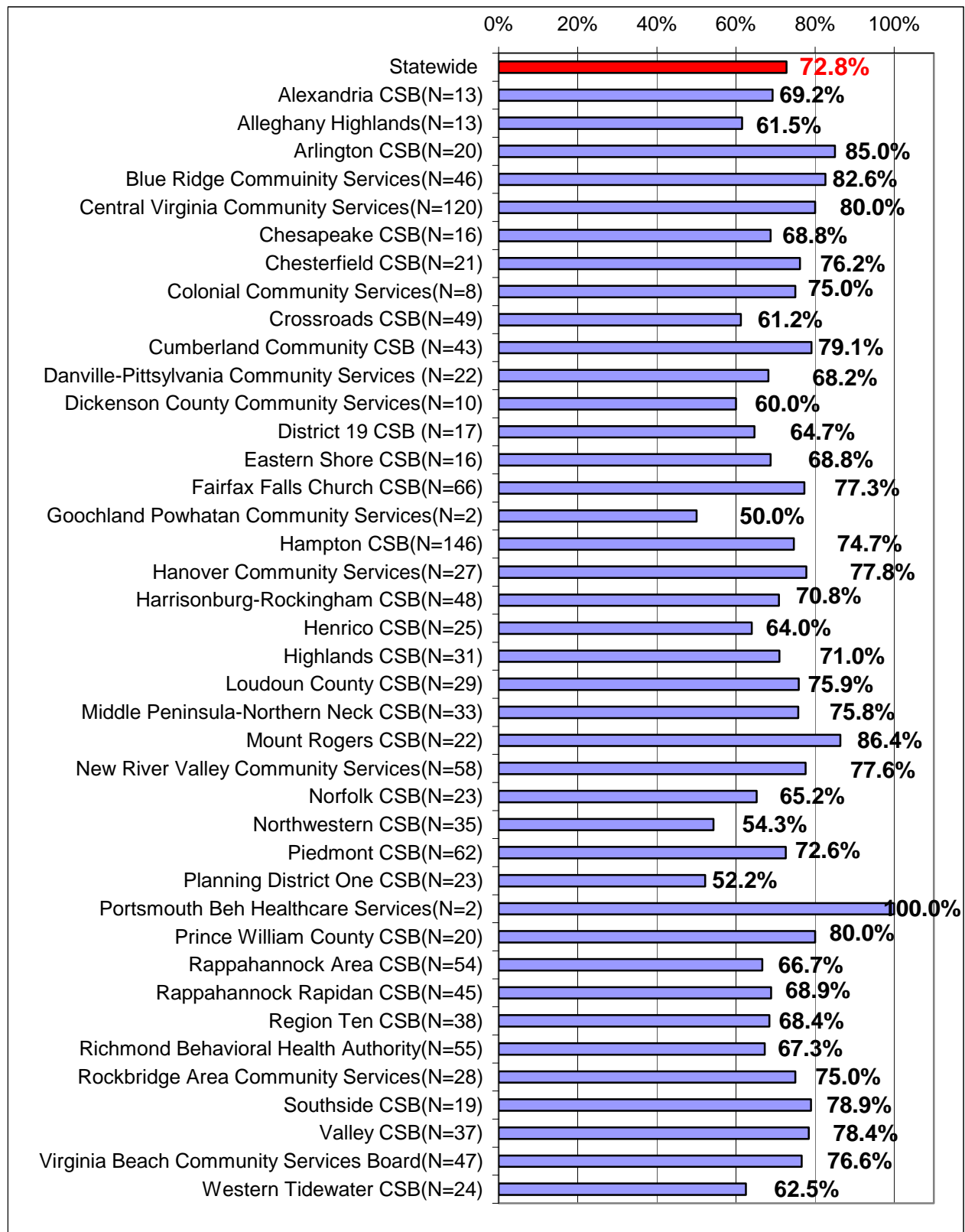
Note: Sample sizes at Alexandria, Alleghany Highlands, Colonial, Dickenson County, Dickenson, Goochland Powhatan, and Portsmouth are too small for valid comparisons.

Figure 18: Caregiver Perceptions of Services by CSB – Outcome Domain



Note: Sample sizes at Alexandria, Alleghany Highlands, Colonial, Dickenson County, Dickenson, Goochland Powhatan, and Portsmouth are too small for valid comparisons.

Figure 19: Caregiver Perceptions of Services by CSB – Social Connectedness Domain



Note: Sample sizes at Alexandria, Alleghany Highlands, Colonial, Dickenson County, Dickenson, Goochland Powhatan, and Portsmouth are too small for valid comparisons.

CONCLUSION

In summary, caregivers of youth receiving CSB outpatient mental health services have a generally positive perception of those services. Highest ratings are seen in the area of caregiver perceptions of the cultural sensitivity of staff (85%), although this score is lower than last year. Caregiver perceptions of access to services, involvement in treatment, and satisfaction with services was also high, 78%, 80% and 72% of caregivers reporting positive perceptions, respectively. About fifty one percent (50.5%) of caregivers report that their child has improved as a result of services, which is a slight decrease from last year. Finally, ratings in the social connectedness domain were also positive with a score of 73%. While these scores are not significantly different from previous survey results, comparison to the national average suggests that room remains for improvement in the service system.

Several service variables had a significant impact on caregiver perceptions of services and suggest that better outcomes are reported when the youth have been in services for at least six months and are still receiving services. Lowest levels of satisfaction were found on the item, “My family got as much help as we needed for my child” indicating that about 17% of families experienced barriers to getting sufficient amounts of service. In addition, about 24% of caregivers reported that they were not “satisfied with their family life right now”. This significant decrease in the level of satisfaction with their current situation compared to caregivers in previous administrations of the survey is likely to have contributed to the slightly lower perceptions of outcome overall.

These findings were obtained through a mail distribution of surveys to a randomly selected set of caregivers of children who received outpatient mental health services in the FY 2006. Completed surveys were obtained from all 40 CSBs and comparison of the sample to the overall population of youth with SED indicated that the sample had similar demographic features to the larger population. The majority of the final sample of 1,449 youth were described as being male (62%), White (63%) adolescents (51.1%) on medication for emotional/behavioral difficulties (63%). They tended to have Medicaid insurance (66.5%) and to have been in services for more than one year (52.7%).

The methodology used for this report has several strengths and limitations. First, the use of random selection and the distribution of the surveys by mail ensures that every caregiver of a child receiving services had an equal chance of being selected for the survey and that the results included perceptions of services from those who may no longer be receiving services. This methodology increases the probability that caregivers who are dissatisfied with services will have the opportunity to respond. Therefore, the results are likely to reflect the perceptions of the overall population receiving services.

Second, there were no significant differences between the survey sample and the larger population on key sociodemographic variables available for comparison. Therefore, to the degree that there are no significant differences between those returning surveys and those who do not, these results can be interpreted to represent all caregivers of youth receiving outpatient services from CSBs.

One major limitation of this report is the cross-sectional nature of the survey. These findings represent the perceptions of caregivers at a single point in time and perceptions are subject to change over time. Without measures of baseline functioning for comparison, the survey measures of youth functioning can only be interpreted as a snapshot of how the youth are doing currently.

Therefore, these indicators should not be viewed as a measure of the effectiveness of the services provided and, instead, should only be used to provide a picture of the system performance over time.

An additional limitation should be taken into consideration, especially when reviewing results for individual CSBs. Response rates by CSB ranged from 14.0% to 44.0% with a statewide average of 22.9%. While this is a fairly typical response rate for mail surveys, it does result in very small sample sizes for some CSBs. While sample sizes for each individual CSB are not sufficient to have confidence that the results are truly representative to the total population of youth receiving services at that CSB, the individual CSB results are provided to provide a rough estimate about how services at each CSB are perceived. Due to the small sample sizes, CSBs should not be compared to each other on the basis of these findings.

Despite these limitations, the results of this survey provide valid and useful information about the outpatient services provided to children and adolescents through Virginia's public mental health system. The primary benefit of using a standardized survey repeatedly is to provide a basis for monitoring change in the service system over time. This report looked at perceptions of care over time for two separate groups, those still receiving services and those no longer in services. For both groups, caregiver perceptions of care were similar to those reported in FY2006. Comparison of results of this survey with surveys conducted since 2004 indicates that caregiver's perceptions of access and overall satisfaction with services have remained stable over time. Although it is only the second year for the social connectedness domain, the scores appear to be stable, as well. However, compared to domain scores from 2004, the current survey's domain scores indicate a steady decline in positive perceptions of family involvement in treatment planning, cultural sensitivity, and outcomes. It is recommended that the Commonwealth increase its focus on workforce development to ensure that clinical staff who work with youth and their families have the specialized knowledge needed to work with the youth seeking publicly funded outpatient services.

Findings from the FY2004 report can assist in identifying the most important areas to target for workforce development. It found several factors contributed most to positive perceptions of outcome. These factors include 1) caregiver involvement in services, 2) no out of home placements, and 3) caregiver satisfaction with the type and amount of services.

Therefore, in order to improve outcomes, either new policies are needed that encourage providers to use the following "best practices" more frequently or existing policies need to be more closely monitored:

- involve caregivers in choosing treatment services and goals for their children
- provide sufficient services to meet the child's needs (many children and adolescents with serious emotional and behavioral difficulties will need services for at least six months)
- provide services that are effective in preventing out of home placements.
- increase staff sensitivity to cultural/ethnic/religious differences

Caregiver suggestions for improvement:

- **"Have a home counselor come to my house to help or see how he is & to help with the situation."**
- **"Less wait time for/between appointments. More availability of doctor. Doctor making intelligent suggestions about medication schedule."**

APPENDIX A

Youth Services Survey for Families (YSS-F)

Please help our agency make services better by answering some questions about the services your child received **BETWEEN JULY 1, 2007 AND DECEMBER 31, 2007**. Your answers are confidential and will not influence the services you or your child receive. Please indicate if you **Strongly Disagree, Disagree, Are Undecided, Agree, or Strongly Agree** with each of the statements below. Put a cross (X) in the box that best describes your answer. Thank you!!!

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
1. Overall, I am satisfied with the services my child received.					
2. I helped to choose my child's services.					
3. I helped to choose my child's service/treatment goals.					
4. The people helping my child stuck with us no matter what.					
5. I felt my child had someone to talk to when he/she was troubled.					
6. I participated in my child's treatment.					
7. The services my child and/or family received were right for us.					
8. The location of services was convenient for us.					
9. Services were available at times that were convenient for us.					
10. My calls were returned within 24 hours					
11. My family got the help we wanted for my child.					
12. My family got as much help, as we needed for my child.					
13. The people I went to for services spent enough time with me.					
14. Staff treated me with respect.					
15. Staff respected my family's religious/spiritual beliefs.					
16. Staff spoke with me in a way that I understood.					
17. Staff were sensitive to my cultural/ethnic background.					
<u>As a result of the services my child and/or family received:</u>					
18. My child's symptoms are not bothering him/her as much.					
19. My child is better at handling daily life.					
20. My child gets along better with family members.					
21. My child gets along better with friends and other people.					
22. My child is doing better in school and/or work.					
23. My child is better able to cope when things go wrong.					
24. My child is better able to do things he or she wants to do.					
25. I am satisfied with our family life right now.					

Molly Brunk, 1999. This instrument was developed as part of the State Indicator Project funded by the Center for Mental Health Services (CMHS). It was adapted from the Family Satisfaction Questionnaire used with the CMHS Comprehensive Community Mental Services for Children and their Families Program and the MHSIP Consumer Survey. Version 6/5/06

For the following items, please think about people in your life other than your service providers.

As a result of the services my child and/or family received,

26. I know people who will listen when I need to talk.
 27. I would have the support of family or friends in a crisis.
 28. I have people I can talk to about my child's problems.
 29. I have people with whom I can do enjoyable things.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Please answer the following questions to let us know how your child is doing.

30. Is your child still getting services from this Center? ☐ Yes ☐ No
 31. How long did your child receive services from this Center?
 (If you are currently receiving services, how long have you been receiving services?)
☐ Less than 1 month ☐ 1 – 2 months ☐ 3 – 5 months ☐ 6 months to 1 year ☐ More than 1 year
 32. Is your child currently living with you? ☐ Yes ☐ No
 33. Are you satisfied with your child's current living arrangement? ☐ Yes ☐ No
 34. Has your child lived in any of the following places **in the last 6 months?** (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> a. With one or both parents | <input type="checkbox"/> g. Group home |
| <input type="checkbox"/> b. With another family member | <input type="checkbox"/> h. Residential treatment center |
| <input type="checkbox"/> c. Foster home | <input type="checkbox"/> i. Hospital |
| <input type="checkbox"/> d. Therapeutic foster home | <input type="checkbox"/> j. Local jail or detention facility |
| <input type="checkbox"/> e. Crisis shelter | <input type="checkbox"/> k. State correctional facility |
| <input type="checkbox"/> f. Homeless shelter | <input type="checkbox"/> l. Runaway/homeless/on the streets |
| | <input type="checkbox"/> m. Other |

35. How many times has your child moved in the **last month?**
 36. How many days has your child been homeless in the **last six months?**
 37. Is your child on medication for emotional/behavioral problems? ☐ Yes ☐ No
 37a. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for? ☐ Yes ☐ No
 38. Was your child arrested during the past 12 months? ☐ Yes ☐ No
 39. Was your child arrested during the 12 months prior to that? ☐ Yes ☐ No
 40. Was your child expelled or suspended during the past 12 months? ☐ Yes ☐ No
 41. Was your child expelled or suspended during the 12 months prior to that? ☐ Yes ☐ No
 42. Compared to before receiving services, the number of days my child is now in school is:
☐ greater ☐ about the same ☐ less ☐ does not apply
 43. What is your relationship to the child?
☐ Parent ☐ Other family member ☐ Foster parent ☐ Case Manager (DSS) ☐ Other: _____
 44. What type of insurance does your child have?
☐ Medicaid ☐ FAMIS ☐ Other Insurance ☐ No Insurance
 45. What has been the most helpful thing about the services you and your child received over the **last 6 months?**

46. What would improve services here? _____

Thank you for taking the time to answer these questions

APPENDIX B

Table - 2. Response Rate by CSB

	Number Sampled	Completed Surveys	Response Rate
Alexandria CSB	56	13	23%
Allegheny Highlands Community Services Board	67	13	19%
Arlington CSB	148	20	14%
Blue Ridge Community Services	159	46	29%
Central Virginia Community Services	589	125	21%
Chesapeake CSB	56	16	29%
Chesterfield CSB	149	21	14%
Colonial Community Services	53	8	15%
Crossroads CSB	193	50	26%
Cumberland Community Services Board	208	44	21%
Danville-Pittsylvania Community Services	122	23	19%
Dickenson County Community Services	59	10	17%
District 19 CSB	68	19	28%
Eastern Shore CSB	62	16	26%
Fairfax Falls Church CSB	318	67	21%
Goochland Powhatan Community Services	12	2	17%
Hampton CSB	682	149	22%
Hanover Community Services	171	28	16%
Harrisonburg-Rockingham CSB	190	48	25%
Henrico CSB	202	29	14%
Highlands CSB	149	33	22%
Loudoun County CSB	98	29	30%
Middle Peninsula-Northern Neck CSB	166	34	20%
Mount Rogers CSB	119	22	18%
New River Valley Community Services	225	59	26%
Norfolk CSB	104	24	23%
Northwestern Community Services Board	152	35	23%
Piedmont CSB	242	64	26%
Planning District One CSB	142	24	17%
Portsmouth Dept of Behavioral Healthcare Services	10	2	20%
Prince William County CSB	89	21	24%
Rappahannock Area Community Services Board	171	55	32%
Rappahannock Rapidan CSB	174	45	26%
Region Ten CSB	137	38	28%
Richmond Behavioral Health Authority	286	55	19%
Rockbridge Area Community Services	103	29	28%
Southside CSB	43	19	44%
Valley CSB	116	37	32%
Virginia Beach Community Services Board	169	47	28%
Western Tidewater CSB	69	24	35%
Statewide Total	6,328	1,443	22.9%
Missing CSB Code		6	

Note. Response rates more than 5% above or below the state rate are highlighted above.

APPENDIX C

Table 3. Descriptive Statistics for Responses to YSS_F Items (abbreviated)

	Mean ^a	Standard Deviation	N	% Agree ^b	% Disagree ^b
1. Overall, I am satisfied with the services my child received.	3.94	1.037	1430	78.6%	10.7%
2. I helped to choose my child's services.	3.80	.986	1432	72.9%	12.1%
3. I helped to choose my child's treatment goals.	3.83	.954	1421	73.7%	10.7%
4. The people helping us stuck with us no matter what.	3.98	1.036	1430	76.6%	9.5%
5. I felt my child had someone to talk to	3.96	1.022	1428	76.2%	9.8%
6. I participated in child's treatment	4.18	.811	1422	87.1%	3.8%
7. The services were right for us.	3.86	1.035	1426	73.3%	11.0%
8. The location was convenient for us.	4.14	.879	1439	84.7%	5.7%
9. Services available at convenient times.	4.04	.923	1431	81.2%	7.1%
10. My calls were returned in 24 hours.	3.92	1.029	1428	75.0%	10.4%
11. My family got the help we wanted	3.79	1.106	1426	71.1%	13.8%
12. My family got as much help as we needed	3.68	1.147	1422	65.8%	16.9%
13. The people I went to spent enough time with me.	3.95	.987	1430	77.6%	9.3%
14. Staff treated me with respect.	4.32	.752	1441	91.3%	2.6%
15. Staff respected my family's religious/spiritual beliefs.	4.13	.791	1410	80.9%	1.8%
16. Staff spoke in a way that I understood.	4.29	.710	1442	92.1%	1.9%
17. Staff were sensitive to my cultural/ethnic background.	4.07	.812	1406	79.2%	2.3%
18. My child's symptoms are not bothering him/her as much	3.29	1.189	1424	49.3%	24.9%
19. My child is better at handling daily life.	3.40	1.128	1429	55.4%	21.1%
20. My child gets along better with family members.	3.43	1.101	1423	54.9%	18.9%
21. My child gets along better with others	3.47	1.046	1423	55.9%	16.7%
22. My child is doing better in school and/or work.	3.47	1.104	1421	55.4%	18.5%
23. My child is better able to cope when things go wrong.	3.24	1.136	1417	47.9%	26.3%
24. My child is better able to do things he/she wants to do.	3.45	1.028	1427	54.6%	16.6%
25. I am satisfied with our family life right now.	3.34	1.138	1426	50.3%	23.6%
26. I know people who will listen when I need to talk	3.93	.922	1423	78.1%	7.9%
27. I have people I can talk to about my child's problems.	3.94	.943	1422	78.3%	8.5%
28. Family or friends who will help in a crisis.	3.86	.999	1416	72.7%	10.9%
29. I have people with whom I can do enjoyable things.	3.89	.940	1409	75.8%	8.6%

^aScale ranges from 1 "Strongly Disagree" to 5 "Strongly Agree." Higher mean scores indicate greater satisfaction.

^bPercentages in the agree column include those who responded "agree" or "strongly agree" to the statement. Percentages in the disagree column include those who responded "disagree" or "strongly disagree". Percentages for "neutral" are not shown, but can be calculated by subtracting the total of the % agree and the % disagree from 100%.

APPENDIX D

Table 4. Demographic Information Statewide and by HPR

	HPR I	HPR II	HPR III	HPR IV	HPR V	STATE
TOTAL CASES	287	150	462	223	318	1449*

* No CSB identified = 6

	Gender					
Male	63.8%	53.3%	61.1%	69.5%	62.5%	62.2%
Female	36.2%	46.7%	38.9%	35.5%	37.5%	37.4%

	Race					
White	82.1%	60.2%	77.3%	38.7%	41.8%	62.9%
African American	15.7%	23.6%	19.4%	57.7%	54.9%	33.1%
Asian/Pacific Islander	.7%	9.8%	.2%	0%	.3%	1.2%
American Indian/Alaskan Native	.7%	0%	.4%	.5%	.3%	.4%
Other	.4%	0%	0%	1.8%	.7%	.5%

Hispanic	4.9%	16.1%	2.4%	1.8%	5.0%	4.8%
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Average Age	13.41	14.43	13.29	13.76	14.06	13.68
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	Residence in Last Six Months^a					
	<i>N= 287</i>	<i>N= 150</i>	<i>N= 462</i>	<i>N= 223</i>	<i>N= 318</i>	<i>N= 1,449</i>
Private residence	64.1%	68.0%	70.9%	70.8%	65.7%	67.9%
Foster home	3.8%	2.0%	4.3%	1.8%	3.1%	3.3%
Therapeutic Foster home	.7%	.7%	2.6%	1.8%	2.8%	1.9%
Shelter	1.0%	2.0%	.8%	1.7%	1.2%	1.2%
Group home	2.1%	6.0%	2.6%	1.8%	1.6%	2.6%
Residential Treatment	5.6%	8.0%	3.0%	3.1%	5.6%	4.6%
Hospital	1.4%	4.0%	3.5%	2.7%	2.5%	2.8%
Local Jail/Correctional Facility	2.4%	4.7%	2.2%	4.5%	5.6%	3.6%
State Corrections Setting	0%	0%	1.1%	.4%	1.6%	.8%
On run/homeless/on street	.3%	0%	.4%	.9%	.6%	.5%
Other	6.3%	4.0%	3.9%	2.7%	5.9%	4.6%

^aAll settings in which a youth resides during the six month period are included. Some youth lived in multiple settings.

	HPR I	HPR II	HPR III	HPR IV	HPR V	State
Currently Living with Caregiver	87.5%	86.0%	83.8%	89.2%	82.8%	85.2%

	Insurance Type					
Medicaid	64.1%	50.3%	72.9%	70.0%	65.6%	66.5%
FAMIS	10.6%	5.5%	8.7%	10.8%	10.7%	9.6%
Other insurance	20.9%	34.5%	15.9%	16.9%	20.1%	19.9%
No insurance	4.4%	9.7%	2.5%	2.3%	3.6%	3.9%

	Length of Time in Service					
Less than 1 month	3.2%	4.8%	4.5%	1.4%	4.0%	3.6%
1 – 5 months	9.6%	15.1%	16.2%	15.1%	16.8%	14.7%
6 months – 1 year	31.8%	34.2%	28.3%	26.6%	26.1%	28.9%
More than 1 year	55.4%	45.9%	51.0%	56.9%	53.1%	52.7%

Currently in Services	67.9%	59.7%	65.2%	70.5%	60.5%	64.9%
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	Medical Issues					
On psychotropic meds	62.5%	56.2%	59.7%	71.1%	67.0%	63.4%
Informed of side effects	79.3%	68.3%	73.8%	79.9%	78.4%	76.2%

	Performance Indicator Results					
Good access to services	79.2%	75.0%	78.4%	77.8%	75.7%	77.4%
Participation in treatment planning	80.1%	75.0%	77.0%	75.7%	78.1%	77.4%
Cultural sensitivity of staff	84.5%	82.2%	87.2%	87.3%	84.8%	85.4%
General satisfaction	68.9%	69.8%	73.4%	68.8%	74.7%	71.6%
Social Connectedness	68.8%	77.7%	75.6%	68.4%	73.0%	72.8%
Positive outcome	49.8%	51.7%	50.6%	39.5%	52.8%	49.3%